

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M86728**

1. Entity Name  
**DESOTO AUTOMOTIVE ENTERPRISES, INC.**



Principal Place of Business  
**3039 SE HIGHWAY 70  
ARCADIA, FL 34266 US**

Mailing Address  
**P O BOX 190  
ARCADIA, FL 34265 US**



03152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0055268**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHLUNDT, MARK  
1875 CITRON ST.  
CHARLOTTE HARBOR, FL 33980**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Signature, typed or printed name of registered agent and title if applicable*

*(NOTE: Registered Agent signature required when reinstating)*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**U00000267863  
03/18/05-80020-007 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHLUNDT, MARK 1875 CITRON ST. CHARLOTTE HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHRISTOPHERSON, CHARLES 1102 HARBOUR GREEN PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KRATZER, MATTHEW 4071 LEA MARIE DR PT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SCHLUNDT, PATRICIA 1875 CITRON ST. CHARLOTTE HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

**SIGNATURE:**

*Signature and typed or printed name of signing officer or director*

**MARK SCHLUNDT**

**3/15/05**

Date

**803-494-3113**

Daytime Phone